



2856  
#77B(NE)  
10/21/03  
PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of )  
GRAZE, JR. RUSSELL R. ) Art Unit: 2856  
Application No.: 09/852,815 ) Examiner: ROBERT R.  
Filed: 05/10/2001 ) RAEVIS  
For: SERIAL MULTISTAGE AEROSOL )  
DILUTER AND CONTROL SYSTEM )  
Attorney Docket No.: 98-281 )

Peoria, Illinois 61629-6490

September 22, 2003

Mail Stop NON-FEE AMENDMENT  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

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AMENDMENT

Sir:

In response to the Official Action dated August 14, 2003, please amend the above-identified application as follows:

INTRODUCTORY COMMENTS

This paper includes: IN THE CLAIMS, AND REMARKS.



Please type a plus sign (+) inside this box +

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/852,815
Filing Date	05/10/2001
First Named Inventor	Russell R. Graze, Jr.
Group Art Unit	2856
Examiner Name	Robert R. Raevis
Total Number of Pages in This Submission	1
Attorney Docket Number	98-281

### ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
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<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
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<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Byron G. Buck II, Registration No. 40,537
Signature	
Date	September 22, 2003

### CERTIFICATE OF MAILING

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Typed or printed name	Diana L. Merritt		
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